Elisha D. Smith Public Library Application for Employment

MAIL APPLICATIONS TO:	
Administration	www.menashalibrary.org
Elisha D. Smith Public Library	(920) 967-3660 - Phone
440 First Street	(920) 967-0012 - Fax
Menasha, WI 54952	

Instructions:

- Answer all questions.
- Print neatly and accurately.
- Attach supplements if necessary.
- Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.
- Incomplete applications may not be considered.
- If attaching a resume, still complete application fully.
- DATE and SIGN this application.

You are not required to furnish any information, which is prohib	pited by federal, state or local law.
Title of position applying for (Aide, Library Asst., Librarian, Custodian):	Today's Date:
Name: (Last) (First) (M.I.)	Home Phone:
Current Address: (Street)	Business Phone: Can we contact you at this number? ☐ Yes ☐ No
(City) (State) (Zip Code)	E-Mail Address: Can we contact you here? ☐ Yes ☐ No
Are you at least 18 years of age? Yes No Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit.	Are you eligible for employment in the United States? ☐ Yes ☐ No
Have you ever been employed by the Elisha D. Smith Public Library? If yes: when, in what position?] Yes □ No
Have you ever been employed by the City of Menasha? ☐ Yes ☐ If yes: when, in what position, and in what department?	No
The Elisha D. Smith Public Library shall prohibit employment of an individual if he/she w supervision from a family member. List any relatives employed by the Elisha D. Smith Public Library or City	
Do you possess a valid Driver's License? ☐ Yes ☐ No you possess a Master's Degree in Library Science? ☐ Yes ☐ No	

Name/locati	aduate from high school? Yes		□ No Loc	ation:		
,	, oo paassa a mga samaa saqaa aasaa	,				
	T College or university, technical, i	raining beyond high scl		vou have atten	ded	
	Conege of aniversity, teermical, i		Or other schools	Type of		
School nam	e, location and phone number	Presently attending	Major field	degree received	Credits Earned	GPA
Special Ski	ills and Qualifications – complete if	position requires these sl	kills:			
List any office	ce equipment which you can operate					
List all comp	outer software which you can operate	e skillfully:				
Continuing	Education: List any seminars, confere	ances or workshops you h	nave attended tha	t nortain to the	nosition:	
Continuing	Education. Elst any seminars, comerc	choos of workshops you i	iave alterided tria	e pertain to the	position.	
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or felonies), of pending again CHECK	TON MUST BE COMPLETED Please ordinance violations, traffic violations and nst you. Failure to include all information HERE IF NOT APPLICABLE dates may be listed.	the like. Also, please list all	criminal charges (m	isdemeanors or f	elonies) curr	meanors ently
Date	Location	Charge	Cour	t Dis	position of	Case
Note: A co	 nviction record or pending arrest reco	 ord does not constitute an	automatic bar to	employment a	nd will be	
considered	only if there is substantial relationshipona fide occupational qualification inf	p to the circumstances of	the particular pos	sition or if the e	mployer de	∍ms
	: You must complete the employme me to further explain your qualification					
		s, since				
	ods of unemployed status:gible for unemployment compensatio	n? ☐ No ☐ Yes. ɒle	ease list dates:			
,	, , , , , , , , , , , , , , , , , , , ,					
		Applic	cant Name:			

EMPLOYMENT SI	ECTION. Please start with n		 include military 	service.
From (mo/yr)	Title of your current/recent position:			Primary duties:
To (mo/yr)	Company Name Phone Number		Phone Number	
Hours each week:	Address			
☐ Full-time	Name and title of supervisor			
☐ Temporary				
Starting wage/ salary:	May we contact this employer? ☐ Yes ☐ No	Reason for considering	g change/leaving	
Present wage/ salary:	Number of employees you supervised:	Number of employees you supervised: Were you involuntarily discharged? ☐ Yes ☐ No		
From (mo/yr)	Title of your current/recent posi	tion:		Primary duties:
To (mo/yr)	Company Name		Phone Number	
Hours each week:	Address			
☐ Full-time	Name and title of supervisor			
☐ Part-time ☐ Temporary	·			
Starting wage/ salary:	May we contact this employer? ☐ Yes ☐ No			
Present wage/ salary:	Number of employees you supervised: Were you involuntarily discharged? Yes \sum No			
		I.		
From (mo/yr)	Title of your current/recent position:		Primary duties:	
To (mo/yr)	Company Name		Phone Number	
Hours each week:	Address			
☐ Full-time ☐ Part-time ☐ Temporary	Name and title of supervisor			
Starting wage/ salary:	May we contact this employer? ☐ Yes ☐ No	Reason for considering	g change/leaving	
Present wage/ salary:	Number of employees you supervised:	Were you involuntarily ☐ Yes ☐ No	discharged?	

Please use a separate sheet of paper for additional employers

OTHER EXPERIENCE (Include volunteer experience, internships, and/or jobs, not included in the employment section)				
Company Name/Location	Job Title	Dates Employed (month/year)	Annual Salary	Full or Part-time

Have you ever been warned or discipline	d for any o	f the follo	wing oc	currences in your previ	ous or current employer?
Attendance	☐ Yes	☐ No.	If yes, p	lease explain	
Performance problems	☐ Yes	☐ No.	If yes, p	lease explain	
Inability to get along with others	☐ Yes	☐ No.	If yes, p	lease explain	
Safety violations	☐ Yes	☐ No.	If yes, p	lease explain	
Harassment	☐ Yes	☐ No.	If yes, p	lease explain	
Violent behavior	☐ Yes	☐ No.	If yes, p	lease explain	
Inappropriate use or possession of alcohol	☐ Yes	☐ No.	If yes, p	lease explain	
Inappropriate use or possession of a drug	☐ Yes	☐ No.	If yes, p	lease explain	
Please explain any gaps in employment					
Work or education related (such as form	er employers	Refere		kers, school faculty). No rela	atives/significant others.
Name/Telephone/Ad	ddress			Occupation	Nature of Relationship
1.					
2.					
3.					
4.					

Applicant's	Signature Date
equal employ color, national orientation, co the United Si	Menasha is committed to the equality of opportunity for all people. It is the policy of the City of Menasha to proving yment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to racial origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual disabled veteran or covered veteran status, membership in the National Guard or any other reserve component datases or State military forces, use or nonuse of lawful products off the employer's premises during non-working by other non-merit factors, except where such factors constitute a bona fide occupational qualification.
must be ope	sconsin Open Records Law: Under section 19.36(7) of Wisconsin Statutes, the names of the "Final Candidates" in to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to all Candidate" they can do so by making a separate request in writing.
my knowledg	tify that all statements made on or in connection with my application are true, complete and correct to the best of ge and belief. I understand and agree that any misstatements or omissions of material fact subject me to on or, if hired, dismissal.
	I understand that nothing contained in the application or any employee handbook, the granting of an interview or an offer/acceptance of employment constitutes an employment contract. I understand that no representati of the City of Menasha has the authority to make any assurances to the contrary.
Initial:	to comply with safety rules and requirements. In addition, I understand that the City of Menasha maintains a workplace free from drugs, harassment and violence.
Initial:	I agree to use such personal protective equipment and devices as may be required by the City of Menasha at
	If accepted for employment, I agree that my status as an employee depends upon my successful performanc I understand that just as I am free to resign at any time, the City of Menasha reserves the right to terminate memployment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.
Initial:	will be considered by the City of Menasha only if it substantially relates to the position applied for.
	I authorize the City of Menasha, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I releas and hold harmless the City of Menasha, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this informatio will be considered by the City of Menasha only if it substantially relates to the position applied for.
Initial:	
	employment and post-employment exams to gain employment or continue employment with the City of Menasha. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the City of Menasha, and consent to the release of the test results to the City of Menasha. I hereby release and hold harmless the City of Menasha, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.
Initial:	I understand that after receiving a conditional offer of employment I may be required to successfully pass pre-
1.90.1	application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all not medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I release and hold harmless the City of Menasha, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.
	I agree to execute release authorization forms as required by the City of Menasha to request employment records from my present and/or former employer(s). This release may include any and all information regarding my employment, education and other information concerning any of the subjects covered by the
Initial:	
statements,	, ask a Personnel Department representative prior to initialing and signing the application. Your initial ure verify that you have read, understand and agree to abide by these statements.
Please read	d and initial each of the following statements. If you have a question regarding any of these

AUTHORIZATION AND CERTIFICATION

Applicant Name: